was successfully either simply reduced or ligatured and excised. Of the Russian practitioners, Drs. Oks published 4 cases of the kind (*Vratch*, 1882, p. 327; and 1882, p. 391); Lindenbaum, 3 (*ibid*, 1883, Nos. 47 and 48); Kagan, 6 (*Meditzinsky Vestnik*, 1882, Nos. 35, 39 and 43); similar cases of Vasilïeff, Tezïakoff, etc., may be fonnd in ANNALS OF SURGERV, Vol. viii, pp. 137-145.—*Vratch*, No. 24, 1888.

VALERIUS IDELSON (Berne.)

III. The Operative Treatment of Prolapse of the Rectum and Invagination of the Colon. By J. MIKULICZ (Königsberg). Mikulicz resected 76 cm. of the colon in a case of acute invagination of the colon with prolapse through the anus, occurring in his practice five years ago. The favorable result has induced him to resort to the same operation (circular resection) not only in cases of prolapse of the colon and acute irreducible prolapse of the rectum, but also in severe habitual prolapse of the rectum. He points out the fact that many such severe cases are not cured by the present methods, whereas by a circular resection permanent cure results. His experience includes six cases operated with success in the above manner. Billroth and Nicoladoni have in similar cases operated with success. The operation is thus described. In cases of habitual prolapse of the rectum, two strong sutures are drawn through the most dependent part of the prolapsed gut in order to fix the intestine. The field of operation is constantly irrigated with weak solution of carbolic or salicylic acid. The gut lying externally is then divided transversely, layer by layer, on its anterior face, one to two cm. in front of the anal opening. Every bleeding vessel is singly secured and ligated with catgut. On dividing the peritoneal covering of the external intestinal tube, the peritoneal pouch between the two portions of gut is thus laid open, and the peritoneal coverings of the internal intestinal tube laid bare. If loops of intestine prolapse they are replaced. The communication with the peritoneal cavity is closed by sewing the serous surfaces together with a series of fine sutures. Now the internal intestinal tube is divided anteriorly, just in front of the above row of sutures. The two extremities of the gut are then united, as far as divided, by deep

silk sutures which include all the coats of the intestine. The sutures are allowed to remain long and serve to steady the gut. Finally, both intestinal tubes are divided, layer by layer, in their posterior circumference. Here numerous vessels of the meso-colon are ligated, and the extremities of the gut united by deep sutures. The line of suture is dusted with iodoform, and after cutting short the sutures, the remainder of the gut is replaced. Neither drain nor bandage is applied, and the patient receives opium for six or eight days. The author described at length a case of chronic ileo-cæcal invagination with prolapse. The prolapsed gut, measuring 28 cm. in length, carried the ileo-cæcal valve on its vertex. On resecting the gut in the above manner, he failed to find the intussusceptum at the point of resection. Tne invaginated ileum had been destroyed to the extent of several cm. by gangrene. It was found fully 2 cm. above the anal ring, and opened here, surrounded by cicatricial tissue, into the colon. The resection was completed below the above point, and the case made a permanent recovery.—*Beilage zum Centralbl. f. Chir.*, No. 24, 1888.

HENRY KOPLIK (New York).

IV. Case of Perineal Hernia of Traumatic Origin. By DR. GUSTAV I. TRACHTENBERG (St. Petersburg). At a meeting of the Pirogovian Russian Chirurgical Society, Dr. Trachtenberg showed a case of this rare affection (according to Benno Schmidt, the number of fully trustworthy cases of perineal herniæ amounts yet only to 20). A healthy virgin, æt. 24, having lifted up a heavy stone, a few days afterward noticed a small swelling in her perineum, which began to gradually increase, and induced her to seek admission to a hospital about six months after the accident. On examination, her pelvis proved to have normal dimensions and configuration, but the genital slit was curved, its convexity being directed toward the left side. In the right side of the perineal region there was an ellipsoidal, slightly narrowed at the middle, tense, elastic, painless tumor which lay almost parallel to the raphé, occupying the posterior portion of the right majus labium anteriorly, and almost reaching the anus, posteriorly. It was covered with normal skin. On examination *per vaginam* the tumor